

POSITION	ID NO.	DATE
CLASSIFIER	20	8/14 10-23-97
EXAMINER	76	
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
1	27 9 3 22
2	27 2 22
3	28 26 97
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SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numbers) Canceled
- † ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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